PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Application or Docket Number			
CLAIMS AS FILED - PART I								10/530333			3	
L		CLAINS				(Column 2)		SMALL EN	TITY	OR	OTHE SMALL	R THAN ENTITY
U.S. NATIONAL STAGE FEES							1	RATE	FEE]	RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		LAR	IGE ENT. = \$ 300	1	BASIC FEE	157	OR	BASIC FEE	
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100			other situations = \$ 100 / \$ 200		EXAM. FEE	1/0	1	EXAM. FEE	
SEARCH FEE			U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		•	other situations = \$ 260 / \$ 500		SEARCH FEE	1/2		SEARCH FEE	-
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =		X \$ 125 =	COL	1	X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			13 m	inus 20 =				X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			5	ninus 3 =	*	0)		X \$ 100 =	2/1	OR	X \$ 200 =	7
_		DENT CLAIM PR						+ \$ 180 =		OR	+ \$ 360 =	f
• 11	If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	450	OR	TOTAL	
AMENDMENT A	Poly And Total Independent	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	Minus Minus	(Cotun HIGHI NUME PREVIO PAID F	est BER BUSLY FOR	(Column 3) PRESENT EXTRA		SMALL E RATE X \$ 25 = X \$ 100 =	ADDI- TIONAL FEE	OR OR OR	OTHER SMALL E RATE X \$ 50 = X \$ 200 =	
	FIRST PRES	L	+ \$ 180 =		OR	+ \$ 360 =						
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
NT 8		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus .	**		=	Γ	X \$ 25 =	·	OR	X \$ 50 =	
AME	Independent	• .	Minus	***			Γ	X \$ 100 =	•	OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Γ	+ \$ 180 =		OR	+ \$ 360 =	
TOTAL ADDIT. FFF OR TOTAL ADDIT. FFF If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".												
	The "Highest Num	ber Previously Paid	For (Total or Inde	ependent) is t	maņ "3', the high	enter "3". est number found li	n the a	ppropriate box	in column 1,			·

FORM 910-875 (Rev. 02/2005)

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